

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8	1					
9						
10						
11						
12						
13						
14						
15						
16	1					
17		1				
18		2				
19		2				
20		2				
21		2				
22		2				
23	1					
24		1				
25		2				
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46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	40					
TOTAL CLAIMS	44					

29  
15  
44

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
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TOTAL DEP.								
TOTAL CLAIMS								